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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 2547

|                             |                                       |              |                        |                                 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>09/883,805 | FILING DATE<br>06/18/2001<br><br>RULE | CLASS<br>715 | GROUP ART UNIT<br>2176 | ATTORNEY DOCKET NO.<br>MICRO243 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/219,277 07/19/2000

Does not match, waiting for response from Applicant. *PJS*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none *PJS*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/10/2001

|  |          |         |        |             |
|--|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged <i>R. Smith</i><br>Examiner's Signature Initials <i>PJS</i>  | WA       | 13      | 17     | 3           |

## ADDRESS

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## TITLE

Method for creating an embedded database in a spreadsheet

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>710 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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